UNFADING INK-THIS IS

WRITE PLAINLY, WITH

RECORD

PERMANENT EXACTLY.

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No.	
202	
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1 PLACE OF DEATH 5922	OTTATE OF MARKETAND
PLACE OF DEATH	STATE OF MARYLAND
County Cent	CERTIFICATE OF DEATH
odditty	Registration Dist. No.
nearl	
Village or City Auwton (No	St.; Ward) [It death occurred in a hospital or institution.
	give Its NAME Instead
FULL NAME Ella Paul 137	ramble of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
hourale while whomen, married	(Month) (Day (Year)
While ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased fro
B DATE OF BIRTH	Inne 10 1918 to lune 25- 1914
4 /9 1874	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Month) (Day (Year)	that I last saw her alive on with 25 mm, 1914
7 AGE It LESS tha	and that death obodited on the date stated above, at
3 5 - yrs mos 3 ds OR min. ?	THE CAUL OF PEATITY MES 45 TORIONS,
9 OCCUPATION	- M 1 0
(a) Trade, protession, or house with	Ill monary suverluses
particular kind of work	
(b) General nature of industry, business, or establishment in	(Burnellan) //
which employed (or employer)	(Duration) 4 yrs mos.
9 BIRTHPLACE (State or country)	Secondary
(State of country) Delaware	
10 NAME OF FATHER	(Signed) John H Latimer
& miles II, Wymurw	(olenea)
11 BIRTHPLACE OF FATHER	, 191 (Address)
Z OFFATHER (State or country) Delaware	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLEY CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
OF FATHER (State or country) Delaware 12 Maiden NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a addie leed	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTHPLACE	At place In the
(State or country)	ot death yrs mos ds. State yrs mos t
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Frank reorge	Former or
Fold mil	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Delane 6 / 1914
mall N 2 4 19 mes	20 UNDERTAKER A ADDRESS

15 REGISTRAR

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or Industry, and therefore an who have no occupation whatever, write None, been changed or given up ou account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclanant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Can-".Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, cer" is less defluite; avoid use of "Tumor" for maligture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations ou statement of State cause for "Exhaustiou,"



	S should
RECORD	HYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	CAUSE Importan

state

PLACE OF DEATH 5923



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 204

S	W	(ard)

[If death occurred in a hospital or lostitution,

	2 FULL NAME Golema Br	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	male Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	MATE OF BIRTH Don't /2, 1, 1, (Month) (Day (Year)	that I last saw has alive on June 1914
7 A C	### If LESS than t day,hrs. OR	and that death occurred on the date stated above, at
(a) par (b) bus whi	CCUPATION Trade, profession, or flude, profession, or Generat nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Cancer of the Words, (Ouration) 3 yrs. mos. ds. Contributory of relation
ARENTS	10 NAME OF FATHER ARTHUR Brooking 11 BIRTHPLACE OF FATHER (State or country) And	(Signed) ON PROCESS OF MOS. ds. (Signed) ON PROCESS OF MOS. ds. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 _T	of MOTHER Farmy Shewart. 13 BIRTHPLACE OF MOTHER (State or country) Sent bo. And, HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Parmes G. Boch,	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos ds State yrs, mos ds Where was disease contracted, tf not at place of death? Former or usuat residence.
	(Address) Million Searth of Mide	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registra, 6 E. Franklin St. Ralto., Requesting V. S. No. 1.

N. B.

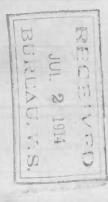


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, many occupatious a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (uame origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) "Dropsy," "Exhaustiou," State cause for Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

state

County V Lut 2 water Neck. Village or City (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 205 St.; Ward)
FULL NAME DANGE.	Moure
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOOVED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVEL OR MOVED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended decessed from 17 1914, to June 18, 1914.
, 1843	that I last saw her alive on France 18 1914
7 AGE (Month) (Day (Year) (Year) (In the second of the	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Generat nature of Industry, business, or establishment in which employed (or employer)	artuin-selerosis. (Ouration) 6 yrs. mos. ds.
(State or country) July, aunes, les nud	Gentributory Circlical Houser hage Secondary (Duration) yrs mos 4 ds
10 NAME OF FATHER Saul Causden 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Harry L. Dade M. D June 20, 19/4 (Address) Chestertury Med
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLERICAL ROLLAND 12 MAIDEN NAME OF MOTHER CLERICAL ROLLAND CLERIC	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Queen Allo.	At place tn the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) The Survey	Former or usual residence
(Address) ONLY ENTOWN, Th) 3	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 30 , 1914 W & Loruseud	20 UNDERTAKER TO ADDRESS

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causance of death—Name, first, the disease causance disease, learny affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite sydonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Ileart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of For VIO-



properly classified. Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, s

See instructions on back of certificate.

important.

8

PHYSICIANS should state

RECORD

1 PLACE OF DEATH



5925

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

Ward)

[If death occurred in

FULL NAME John Grancis Do	a nospital of institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 day, hrs.	that I last saw h An alive on June 3 1914, and that death occurred on the date stated above, at m, The GAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in Lawe which employed (or employer)	Artrio Scleraco - Stistory of 2003 grans, ds.
10 NAME OF FATHER (State or country) Lend-Co Grand 11 BIRTHPLACE OF FATHER (State or country) Lond-Renow 12 Maiden NAME OF	Contributory Company Secondary (Duration) yrs mos ds. (Signed) 1914 (Address) Mealwhown *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clistiff Candigle 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maryland Odson	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address). 15 Filed June 22, 191 4 M. C. African Registrar If more blanks are needed, address State Regist	DATE OF BURIAL OR REMOVAL Salana Md. 20 UNDERTAKER LO L. G. H. enguson trar, G. E. Franklin St., Balto., Requesting V. S. No. 1. Mod.

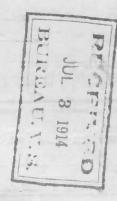


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers "Manager," "Dcaler," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tlon is very Important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Colton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the INSEASE CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonilis," etc. childbirth or miscarriage as "PUERPERAL septichaeetc., when a dcfinite disease can be ascertained as the thenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from telanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report For VIO-



V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD S WRITE PLAINLY, WITH UNFADING INK-THIS

PLACE	OF	DEATH
11	_	1
County Se	us	

5926

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

'	*FULL NAME John W. You	St.; Ward) St.; Ward) a hospital or institution give its NAME instead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 0	OATE OF BIRTH (Vonth) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from 18th 1914 to 18th 1914 that I last saw hand alive on 18th 18th 1914
TA	GE If LESS than tay, 3. hrs. or min.?	and that death occurred on the date stated above, at 9 mm The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, protession, or rticular kind of work	Congeneral Rearl-Bislase (Ouration) yrs mos ds
9 0	IRTHPLACE State or country)	(Secondary) (Deration) yrs mos ds
ARENTS	10 NAME OF FATHER OF OWARD WORD 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) W. S. Martwell, M. D. 6-13 (Address) Stell Pond, Md, *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental Causes, State (1) Means of Injury; and (2) whether Accinental Causes, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, ds,
	(Informant) (Address)	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1.5 Fil	ed June 13 1914 Dalleum Pars	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Esquesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulness. If retired from business, that fact may be indigainfully employed, as At school or At home. who receive a definite salary), may be entered as materiai worked on may form part of the second It should be used only when needed. As examples: the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septicharmus," "Oid Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can death), 29 ds.: "Exhaustion," Examples: For VIO-



uld state		ounty Lul'	STATE OF MARYLAND CERTIFICATE OF DEATH
RECORD PHYSICIANS shoul		Village or City Metitoto (No. 1)	Registered No. 7 4 Forton 3 St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and numbar.]
H . T		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
No. 1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.	PARENTS STORY OF STOR	ATE OF BIRTH MARRIED, WIDOWED, Write the word) GE (Month) (Day) (Year) (GE) (Month) (Day) (Year) (General nature of industry, siness, or establishment in ich employed (or employer) (IRTHPLACE (State or country) (Country) (State or country) (Country) (State or country) (Country) (State or country) (Country) (Address) (Address) (Address)	(Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (Signed) (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. (State the Disease Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Violent Tal, Suicidal Causing Death, or, in deaths from Vio
F. B. No. N. B.—Eve		ed must 1814 M. Swith	20 pndertaker Address No. A. Mickel Restriction
» Z		If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of iliwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death—name, first, the disease causing disease is a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably swicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



BINDING

FOR

RESERVED

	. Heart-lon	CERTIFICATE OF DEATH
Go	ounty Bent-200	Registered No. 700
Vi	Illage or City Talena (No. ,	St; Ward) Galloway [It death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male While Solvence (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	Sephinber 18 , 1890 (Month) (Day) (Year)	that I last saw here alive on the strength of the saw o
7 AC		and that death occurred on the date stated above, at
(a) par (b) busi whi	GCUPATION Trade, profession, or ticular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	Qualitation) 3 2 yrs. mos. ds. Contributory 62 adminstration
(8)	10 NAME OF FATHER	(Secondary) (Duration) yrs mos ds. (Signed) Secondary)
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) Down Smith	Where was disease contracted, If not at place of death? Former or usual residence
15 Fi	(Address) Norton Mg	19 PLACE OF BURIAL OR REMOVAL Salena Burial 20 UNDERTAKER ADDRESS Mullington
	If more blasks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

5928

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." ture of the American Mcdical Association.) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: cause for



8. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

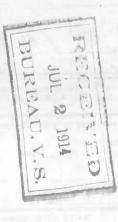
1 PLACE OF DEATH	STATE OF MADVI AND
PLACE OF DEATH 5929	STATE OF MARYLAND
County / Lew!	CERTIFICATE OF DEATH
	Registered No. 204
matter //	
Village or City / Lacoth (No.)	St; Ward) [If death occurred in a hospital or institution
7/	give its NAME instead
FULL NAME Thomas	Hynson of street and number.]
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIEO, Jule	(Month) (Day) (Year)
Male Cul wisower, Mughe	17 HEBEBY CERTIFY, That I attended deceased from
DATE OF BIRTH	M. Midle Al
me 3/ 1916	, 191, 191,
(Month) (Day) (Year)	that I last saw h alive on MMMADA, 191
AGE It LESS than	and that death occurred on the date stated above, at 10' m,
Alill formed 1 day hrs.	The CAUSE QF DEATH * was as follows:
mos. ds. OR min. ?	9
OCCUPATION	1 Freezewall All
(a) Trade, protession, or particular kind of work.	
(b) General nature of industry,	
business, or establishment in which employer)	(Duration) yrsmoscs.
	Contributory mu,
(State or country)	(Secondary)
10 NAME OF	(Duration) yrs mgg ds.
FATHER Service The Theory	(Signed transcell timeth
1 Stynish	June 30, 191 4 (Address) Chestille
Z (State of country)	
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a lena mancion	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place is the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Informant, Sena Rambers	Former or
(IIIII) Mailt)	usual residence
(Address) Worldw 3,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6	Melilota prese 1014
Filed Dow 30 1914 W Junth	20 UNDERTAKES APDRESS
REGISTRAR	O 4 And Ol 11-
If more blanks are needed, address State Registrar	G II Prophile CA Polar Burney
so mare alonged and andress porte Wells fight	, o m. stansin st., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divers the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 1 PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 202 Ilf death occurred la St.;---...Ward) a hospital or institution. give its NAME Instead of street and nomber.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 CDLOR OR RACE MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Enous (Month) (Day (Year) TAGE als Tres If LESS than and that death occurred on the date stated above, at f day,....hrs. The CAUSE OF DEATH* was as follows: ...mos......ds OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _____yrs____ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed). PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. __ State ____ yrs. __ ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence PLACE OF BURGAL OR REMOVAL DATE OF BURIAL (Address)

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

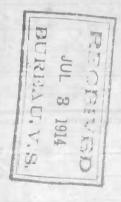
ADORESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers mine, etc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhold fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, ctc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5931 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

1.11

Registration	Dist.	No. 201

St.;.... .Ward) [if death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	*FULL NAME Thomas & S	give its NAME Instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Lale white 6 single, MARRIED, WIOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH (Month) (Day) (Year)	that I last saw him allow on full 24th, 1914.
- (a	yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 6 A m, The CAUSE OF DEATH* was as follows: Girrnous of the Liver and Bright direct.
(b) bus	rticular kind of work	(Duration) yrs, mos, ds.
S	10 NAME OF FATHER 11 BIRTHPLACE	(Signed) W. S. Wear Well, M. D. (Signed), 1914, (Address) Still Pand, Md,
ARENT	OFFATHER (State or country) WARNOWW 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
α.	13 BIRTHPLACE OF MOTHER (State or country) WKNOWN	At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
	(Informant) Houry Dobron	If not at place of death? Former or usual residence
15 Fil	(Address) Philadelphia Perma, led June 25, 1914 Millegen Park REGISTRAR	Phila Pa. Date of Burial Phila Pa. 20 UNDERTAKER W. H. Mrusen Still Panely
	at more Dianas are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative leaithfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry; and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in a causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Mara" "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can "Exhaustion," Examples: For vio-



5932 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County / Cers Registration Dist. No. 2104 Ilf death occurred in Village or City.Ward) a hospital or institution. give its NAME Instead ot street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, OR DIVORCED MARKET (Month) (Year) I HEREBY CERTIFY, Wat I attended deceased from DATE OF BIRTH (Day (Year) Month TAGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory Murin 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or (Informant) -usual residence. 19 VACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 LANDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

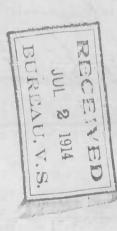


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatemeut. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, ctc., Carcin-

injury, as fracture of skull, and cousequences (e.g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association,) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Condeath), 29 State cause for





N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN H No.

và

PLACE OF DE County Lillage or City		STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 200
² FULL NAME	Thomas Tranc	give its NAME Instead of street and number.]
PERSONAL AND ST	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Thu	R RACE SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw have allve on function 17, 1914
7 AGE	It LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country))	(Duration) / yrs. mos. ds. Gontributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE	repli Muldoon	(Signed) (Signed) (Address) Salesia IIII
Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Keland.	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	Unginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
(Informant) (Address) (Address) (15) Filed UN 19 1914	He BEST OF MY KNOWLEDGE 1. V. Walters Black zud. Lians and	Where was disease contracted, If not at place of death? Former or usual residence
If more blanks	REGISTRAR are needed, address State Registrar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.
2.		(MOG

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite safary), may be entered as Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—In all exists affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Examples: cause for



PHYSICIANS RECORD PERMANENT AGI UNFADING 5 plain Instructions DEATH 5 CAUSE OF Item

County PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day.....hrs. OR nin. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif death occurred in a hospital or institution. give Its NAME Instead

of street and number.]

16 DATE OF DEATH (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: Contributory ... Secondary (Doration) *State the Disease Causing Death, or, in deaths from Viage Causes, state (1) Means of Injury; and (2) whether Accing Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place In the ot death yrs. mos. ... State Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 20 UNDERTAKER

REGISTR.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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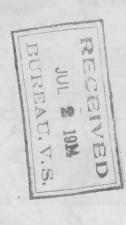
15

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, heen changed or given up on account of the disease it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

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mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cte, when a defiuite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debllity" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haeworrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," The nature of the "Exhaustlon," Never report



PERMANENT

supplied.

should

RECORD

Very CERTIFICATE OF DEATH OCCUPATION Registration Dist. No MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statemen 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in may which employed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER of ARENTS terms, 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?... O Former or Every item CAUSE OF mportant. 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

Ilf death occurred in a hospital or Institution.

give its NAME instead of street and number. 7

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For persons

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN T. S. No. 1.

PLACE OF DEATH 5936	STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Registration Dist. No. 268	
Village or City Tock Halifo	St.; Ward) [lit death occurred in a hospital or institution, give its NAME instead	
*FULL NAME Samuel Rich	neval Scott of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Black Single, Married, Married, Widowed, Willer (Write the word)	16 DATE OF DEATH June 2 2 24 (Month) (Day) (Year)	
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
Mu Riccord, 1944 (Month) (Day) (Year)	that I last saw h Jawalive on June 1424 1914	
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 930 m,	
U yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:	
BOCCUPATION (a) Trade, profession, or Lander Land	Danis debilety	
particular kind of work y with a lebor 21		
(b) General nature of Industry, business, or establishment in	(Duration) yrs, mos, ds.	
which employed (or employer)	Gontributory	
State or country) Ken 1- Ou ma	(Secondary)	
10 NAME OF Seimuel Scott	(Signed) (Si	
State or country) / Lend - Co Sn ac	, 191 (Address) Lo No Have May -	
OF MOTHER DA A A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE / / DU MAN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the	
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds. Where was disease contracted, It not at place of death?	
(Interment) Francie Buller	Former or usual residence	
(Address) (ock Hall	Share of Burial or REMOVAL DATE OF BURIAL	
16 (42) 1:	The state of the s	
Filed 6/94, 1914 / O & Many REGISTRAN	Thosalt Cusey ten Rock Hale	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative realthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nophritis nant ncopiasms); Measles; Whooping cough; Chroniu oma. Surcoma. etc., of ... Is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) (Recommendations on statement of (name origin: "Can State cause for Never report Examples:



RECORD

B. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5937 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ...

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jemule Flack (Write the word)	18 DATE OF DEATH June 9 , 191 4 (Month) (Day) (Year)
B DATE OF BIRTH 90 Roccord 175-3 (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from January 25 , 1914, to from 2 , 1914, that I last saw held alive on from 2 , 1914
7 AGE 1t LESS than 1 day,	and that death occurred on the date stated above, at 5-20 Am, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Ornquine	Contributory (Secondary) (Daration) yrs mos ds.
10 NAME OF SARC TURE OF FATHER OF FATHER	(Signed) Of Oselly M. D
(State or country) Congenical (State or country) Congenical	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Tryginae	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) The Best of MY KNOWLEDGE	It not at place of death? Former or usual residence.
(Address) Pock to all Mill Filed 6/4, 1914 / 13 Durding REGISTRAR	Sharflown Cemelery June 4, 1914 20 UNDERTAKER Chap H Person Date of BURIAL ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of __ ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can State cause for Examples:



F. S. No. 1.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT stated EXACTLY. N. B.—Every item of information should be earefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH

5938



STATE OF MARYLAND CERTIFICATE OF DEATH

Reg	Istrat	lon	Dist.	No.

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 6 20 , 191 4 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on 100 19 19 19 19 19 19 19 19 19 19 19 19 19
7 AGE if LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 2 COFFATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Duration) yrs. mos. ds. (Signed) (Duration) (Duration) yrs. mos. ds. (Signed) (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) (Duration) yrs. mos. ds. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals Institutions, Transients, or Recent Residents) Ai place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Address) Worton R. J. D. (Address) 15 Filed June 2 0, 191 4 Mrs. Pare. REGISTRAR	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPTERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -H art failure," "Haemorrhage," "Inanition," "Maras ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can death), 29 ds. "Exhanstion," Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR Y. B. No. 1.

PLACE OF DEATH 3939	STATE OF MARYLAND
7 - 1-	CERTIFICATE OF DEATH
County	0.02
Villago or City Rock Hallon	Registration Dist. No.
Tillage or City	St.; Ward) a hospital or Institution,
() and Home	is Uniz give its NAME instead of street and number.]
FULL NAME JUMBS 17879	OL W/SCZ
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MONIELL	16 DATE OF DEATH June 14, 1914
Mull White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH May 12 185-5-	Jana 1 1913, to Jane 4 , 1914.
(Month) (Day) (Year)	that I last saw hartalive on January 3 ,19154
7 AGE if LESS than	and that death occurred on the date stated above, at
3 - 9 yrs. mos. ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	0
(a) Trade, protession, or	Seural debilly
particular kind of work	() for the same of the same o
(b) General nature of Industry, business, or establishment in to the control of t	(Duration) yrs. 6 mos. 4 ds.
which employed (or employer) Lishing to Joles a	
State or country) Kent Come	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF James Unic	(Signed) N. O. Selly , M. D.
of Father 74 1 1	,191 (Address) J. C. J. frally (leg)
OF FATHER (State or country) /2 cm/- Co. mul	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Merry Mendall	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Lent Co. Mee	OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Serah J. Unie	Former or usual residence
(Address) Roch Hell Mac	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 6/16 , 1914 7 B Surding	Wesley Chof ellending fune 6, 1914 20 UNDERTAKER ADDRESS
REGISTRAR	Shot He Casey see Rock Hall
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, If Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... Is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name orlgin; "Can



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T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Vent 5940	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20/
Village or City Coleman (No	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WISOWCED, ORDIVORCED (Write the word) S BIRTH MOV. (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attanded deceased from Prob 12 1914, to 1914, that I last law h. Mill alive on June 2 1914
/ AGE / If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) yrs. omos. ds. Contributory (Secondary) (Daration) yrs. mos. ds.
10 NAME OF FATHER Shomas Mulmus 11 BIRTHPLACE OF FATHER (State or country) Kent Co Ind 12 MAIDEN NAME OF MOTHER (State or country) Sent Co Mod.	(Signed)
(Informant) CAddress) Summed Line All All All All All All All All All Al	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Coleman Lamber 1914
Filed June 15, 1814 Dillan Jam	20 UNDERTAKER NOORESS

Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Registrar, 6 E. Franklin St.,

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUBRPERAL septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dro" "Exhaustion," "Hart failure," "Haemorrhage," Inanition," "Marasture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical Accidental drowning; Struck by railway train—accivalvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can death), 29 ds. Examples: For vio-



SICIANS should occuPATION IS PHYSICIANS RECORD 0 statement PERMANENT EXACTLY. classified. should properly AGE INK pe supplied. UNFADING may certificate. that it 80 ö pe terms, pinods uo plain instructions _ of Inform DEATH See Item OF Important. Every Ite

PLACE OF DEATH	5941	(W)
County Ment		(61)
Village or City Max Still P	onduo	,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.:....Ward)

Ill death occurred in a hospital or institution.

give its NAME instead Barah Rebecca Wood of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. State vrs. mos. Where was disease contracted. It not at place of death? Former or (informant). usual residence DATE OF BURIAL (Address) 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulmine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Purpresal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of hand-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. The contributory (secondary or Intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of . (name origin: "Can "Exhaustion, Never report Examples: For vio-

